

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

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1754/18

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/781,931
Filing Date	02/12/2001
First Named Inventor	Fincke et al.
Group Art Unit	1754
Examiner Name	J. N. Strickland
Total Number of Pages in This Submission	20
Attorney Docket Number	B-026

TUE 22 JUN 2004
REC'D BY
MR. J. N. STRICKLAND

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input checked="" type="checkbox"/> Terminal Disclaimer	
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		
Return Receipt Postcard		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

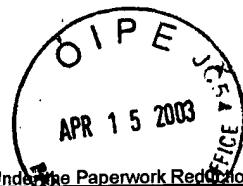
Firm or Individual name	Stephen R. Christian Registration No.: 32,687
Signature	
Date	9 APRIL 2003

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 4/9/03

Typed or printed name	Mandy Landon		
Signature		Date	4/9/03

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FEET TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 310.00)

Complete if Known

Application Number	09/781,931
Filing Date	02/12/2001
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Examiner Name	J. N. Strickland
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Attorney Docket No.	B-026

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METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number **05-0565**
 Deposit Account Name

Charge Any Additional Fee Required
Under 37 CFR 1.16 and 1.17

Applicant claims small entity status.
See 37 CFR 1.27

2. Payment Enclosed:

Check Credit card Money Order Other

FEET CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid		
101	740	201	370	Utility filing fee	<input type="text"/>
106	330	206	165	Design filing fee	<input type="text"/>
107	510	207	255	Plant filing fee	<input type="text"/>
108	740	208	370	Reissue filing fee	<input type="text"/>
114	160	214	80	Provisional filing fee	<input type="text"/>

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
<input type="text"/>	-20** = <input type="text"/> 0	<input type="text"/> 18.00	<input type="text"/> 0.00
Independent Claims	<input type="text"/>	<input type="text"/> 84.00	<input type="text"/> 0.00
Multiple Dependent			<input type="text"/>

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description			
103	18	203	9	Claims in excess of 20	<input type="text"/>
102	84	202	42	Independent claims in excess of 3	<input type="text"/>
104	280	204	140	Multiple dependent claim, if not paid	<input type="text"/>
109	84	209	42	** Reissue independent claims over original patent	<input type="text"/>
110	18	210	9	** Reissue claims in excess of 20 and over original patent	<input type="text"/>

SUBTOTAL (2) (\$ 0.00)

**or number previously paid, if greater; For Reissues, see above

FEET CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid		
105	130	205	65	Surcharge - late filing fee or oath	<input type="text"/>
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	<input type="text"/>
139	130	139	130	Non-English specification	<input type="text"/>
147	2,520	147	2,520	For filing a request for ex parte reexamination	<input type="text"/>
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	<input type="text"/>
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	<input type="text"/>
115	110	215	55	Extension for reply within first month	<input type="text"/>
116	400	216	200	Extension for reply within second month	<input type="text"/>
117	920	217	460	Extension for reply within third month	<input type="text"/>
118	1,440	218	720	Extension for reply within fourth month	<input type="text"/>
128	1,960	228	980	Extension for reply within fifth month	<input type="text"/>
119	320	219	160	Notice of Appeal	<input type="text"/>
120	320	220	160	Filing a brief in support of an appeal	<input type="text"/>
121	280	221	140	Request for oral hearing	<input type="text"/>
138	1,510	138	1,510	Petition to institute a public use proceeding	<input type="text"/>
140	110	240	55	Petition to revive - unavoidable	<input type="text"/>
141	1,280	241	640	Petition to revive - unintentional	<input type="text"/>
142	1,280	242	640	Utility issue fee (or reissue)	<input type="text"/>
143	460	243	230	Design issue fee	<input type="text"/>
144	620	244	310	Plant issue fee	<input type="text"/>
122	130	122	130	Petitions to the Commissioner	<input type="text"/>
123	50	123	50	Processing fee under 37 CFR 1.17(q)	<input type="text"/>
126	180	126	180	Submission of Information Disclosure Stmt	<input type="text"/>
581	40	581	40	Recording each patent assignment per property (times number of properties)	<input type="text"/>
146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))	<input type="text"/>
149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))	<input type="text"/>
179	740	279	370	Request for Continued Examination (RCE)	<input type="text"/>
169	900	169	900	Request for expedited examination of a design application	<input type="text"/>
Other fee (specify) _____				<input type="text"/>	

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 310.00)

Complete (if applicable)

Name (Print/Type)	Stephen R. Christian	Registration No. (Attorney/Agent)	32,687	Telephone	208-526-9140
Signature				Date	9 APRIL 2003

WARNING: Information on this form may become public. Credit card information should not be included in this form. Provide credit card information and authorization in PTO-2038.

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